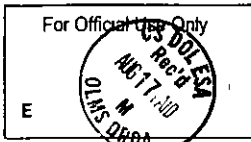


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>8995</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>FRED</u> <u>D</u> <u>SMIT</u> P O Box, Bldg Room No, if any <u>P O Box 2097</u> Street _____ City <u>NEWBURGH</u> State <u>NEW YORK</u> ZIP Code + 4 <u>12550</u>	4 Name, file number, and address of labor organization Name <u>TEAMSTERS LOCAL 445</u> Labor Organization File Number <u>027-514</u> P O Box, Building and Room Number, if any <u>P O Box 2097</u> Street _____ City <u>NEWBURGH</u> State <u>NEW YORK</u> ZIP Code + 4 <u>12550</u>
5 Position in labor organization <u>SECRETARY TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box Bldg, Room No, if any <u>N/A</u> Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount <u>0</u>

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed Fred D. Smit

On 8-3-05
Date

845-564-5297
Telephone Number

Name of Person Filing FRED D SMIT	File Number U-
--	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

SEE ADDITIONAL PAGES

8 Name and address of Business (including trade name, if any)

Name **FRED D. SMIT**
 Trade Name, if any **TEAMSTERS LOCAL 445**
 P O Box, Bldg, Room No, if any **PO Box 2097**
 Street _____
 City **NEW BURG**
 State **NEW YORK** ZIP Code + 4 **12550**

9 Business deals with

- ☒ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name **LOCAL 445 WELFARE FUND**
 Trade Name, if any _____
 P O Box Bldg, Room No if any **PO Box 2572**
 Street _____
 City **NEW BURG**
 State **NEW YORK** ZIP Code + 4 **12550**

11 a Nature of such dealing

Chairman of Union Trustees.

11 b Approximate dollar value of such dealing

0

12 a Nature of interest held or income received

*Reimbursements for expenses for travel
 educational conferences, investment
 meetings and social events.
 3-15 NLMC Conf. \$3,000
 5-26 NLMC Conf - auto expns 76
 12-3 investment + social event 60*

12 b Amount

\$3136

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

SEE ADDITIONAL PAGES.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name **MARTIN WEXLER / RENEE SANDRA**
 Trade Name, if any **STANLEY BRADON H&C**
 P O Box, Bldg, Room No if any _____
 Street **377 BROADWAY**
 City **NEW YORK**
 State **NEW YORK** ZIP Code + 4 **10013**

14 a Nature of payment

*2-18-2004 - Dinner Meeting est. \$60
 11-16 2004 Lunch Meeting est. \$50*

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment

\$110

Additional Pages for Item "B":**1 of 2**

Reporting Labor Organization Officer: Fred D Smit
File Number: No File Number Assigned
Reporting Period End Date: 12- 31- 2004

1. Item "B"

10.	Name:	Stephen Masiello		
	Trade Name:	Freedom Capital		
	Street:	One Beacon Street		
	City, State & Zip	Boston Mass. 02108		
11 a	Nature of dealings	Investment management	11 b.	N/A
12 a	Nature of interest held or payment received			
	3 - 28 - 2004	Dinner meeting	est	\$60.
	7 - 06 - 2004	Dinner meeting	est	\$60.
12 b.	Total amount:	\$120		

2 Item "B"

10.	Name	Joseph Corcoran		
	Trade Name	Moore Stephens, PC		
	Street	340 North Avenue		
	City, State & Zip	Cranford, N.J. 07016		
11 a.	Nature of dealings	Accounting service	11 b.	N/A
12 a.	Nature of interest held or payment received			
	6 - 18 - 2004	Golf & Dinner outing		\$135
12 b	Total amount	\$135		

3. Item "B"

10.	Name:	Robert Norton		
	Trade Name	Ark Asset Management		
	Street:	125 Broad Street		
	City, State & Zip.	New York, N Y 10004		
11 b.	Nature of dealings	Investment management	11 b.	N/A
12 a.	Nature of interest held or payment received			
	9 - 30 - 2004	Golf outing	est	\$100
12 b.	Total amount	\$100		

3086

Reporting Labor Organization Officer:

Fred D. Smit

File Number:

No File Number Assigned

Reporting Period End Date:

12 - 31 - 2004

4 Item "B"

10. Name: John Nardi
Trade Name: Bank of New York
Street: 900 Corporate Blvd.
City, State & Zip: Newburgh, N.Y 12550

11 a Nature of dealings: Banking 11 b N/A

12 a Nature of interest held or payment received
6 - 7 - 2004 Golf outing est. \$100.

12 b. Total amount: \$100.

5 Item "B"

10. Name: Michael Hoover
Trade Name: 40/86 Advisors
Street: 535 North College Drive
City, State & Zip: Carmel, In. 46032

11 a Nature of dealings: Investment management 11 b. N/A

12 a. Nature of interest held or payment received
2 - 11 - 2004 Dinner meeting est \$60
2 - 12 - 2004 Golf outing est \$100.

12 b. Total amount: \$160.

6 Item "B"

10. Name: Frank Spsato / Thomas Franzese
Trade Name: Lazard Asset Management
Street: 30 Rockefeller Plaza
City, State & Zip: New York, N.Y 10105-6300

11 a. Nature of dealings: Investment management 11 b N/A

14 a. Nature of interest held or payment received:
2 - 14 - 2004 Golf outing est. \$100
2 - 16 - 2004 Dinner meeting est. \$60.
3 - 29 - 2004 Dinner meeting est \$60.
12 - 7 - 2004 Dinner meeting est. \$60

14 b. Total amount \$280.

Reporting Labor Organization Officer:

Fred D Smit

File Number:

No File Number Assigned

Reporting Period End Date:

12 - 31 -2004

1 Item "C"

13 a.	Name	Keith Lindberg		
	Trade Name:	Keith Lindberg Associates		
	PO Box	PO Box 306		
	Street:	Griggs Road		
	City, State & Zip:	Cranbury, N.J 08512		
13 b.	Is the business?	Consultant		
14 a.	Nature of payment			
	2 - 16 2004	Golf outing	est.	\$100.
14 b.	Total amount	\$100		

2 Item "C"

13 a.	Name	John Corr		
	Trade Name	Lord Abbett & Co		
	Street:	90 Hudson Street		
	City, State & Zip.	Jersey City, N.J. 07302-3973		
13 b.	Is the business?	Investment Consultant		
14 a.	Nature of payment			
	23- 15 - 2004	"JAB" boxing match	est	\$100
14 b.	Total amount	\$100.		

3 Item "C"

13 a.	Name:	Kevin King		
	Trade Name:	Alliance Bernstein		
	Street.	1345 Avenue of the Americas		
	City, State & Zip	New York, N Y. 10105		
13 b.	Is the business?	Consultant		
14 a.	Nature of payment			
	2 - 15 - 2004	Golf outing		\$113.
14 b.	Total amount	\$113		

Reporting Labor Organization Officer:

Fred D Smit

File number:

No File Number Assigned

Reporting Period End Date:

12 - 31 - 2004

4 Item "C"

13 a.	Name	Richard Maresca		
	Trade Name:	Atalanta Sosnoff		
	Street	101 Park Avenue		
	City, State & Zip	New York, N Y. 10178		
13 b.	Is the business?	Consultant		
14 a.	Nature of payment			
	2 - 12 - 2004	Golf outing	est	\$100
14 b.	Total amount	\$100		

5 Item "C"

13 a.	Name:	Michael DeBartolome		
	Trade Name:	Crossroads Healthcare		
	Street:	2556 Arthur Kill Road		
	City, State & Zip:	Staten Island, N Y. 10309		
13 b.	Is the business?	Consultant		
14 a.	Nature of payment:			
	9 - 30 - 2004	Golf outing	est	\$100
14 b.	Total amount	\$100.		

6 Item "C"

13 a.	Name.	Denise Spillane		
	Trade Name	Mackay Sheilds		
	Street:	9 West 57 th Street		
	City, State & Zip	New York, N.Y 10019		
13 b.	Is the business?	Consultant		
14 a.	Nature of payment:			
	2 - 13 - 2004	Dinner meeting	est	\$60
14 b.	Total amount:	\$60.		

6 of 6